

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

791

1008

File No.

27610

Registered No.

7857

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE19. UNDERTAKER
(ADDRESS)

20. FILED

31 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY That I attended deceased from

July 27th, 1934, to July 30, 1934

I last saw h. or alive on July 30, 1934. Death is said

to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Salpingitis
and generalized
peritonitis

Other contributory causes of importance:

Pneumonia involving
both bases

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

G. O. Brown, M. D.

(Address) 1325 S. Grand

ST. LOUIS UNIVERSITY HOSPITALS
ST. MARY'S HOSPITAL GROUP
St. Louis, Missouri

September 15, 1934

FIRMIN DESLOGE HOSPITAL
1325 SOUTH GRAND BOULEVARD

E. T. McGaugh, M.D.
Bureau of Vital Statistics
10 Municipal Courts Building
St. Louis, Mo.

Dear Doctor McGaugh:-

Received your inquiry concerning the death certificate on

Dorothy Hailer.

This patient was operated on at St. Mary's Infirmary on December 1, 1932 for acute appendicitis with perforation and peritonitis. This I believe was the beginning of a number of subsequent infections and the etiological factor in her death. The abscess developing from this ruptured appendix did not heal until March 1933. In September 1933 she was operated upon for a perirectal abscess at Firmin Desloge Hospital. In October 1933 she was operated upon for fistula in ano and internal hemorrhoids. Patient was re-admitted on July 27, 1934 and died on July 30, 1934. She was suffering from acute lower abdominal pain and pain in the left lumbar region. This latter pain suggested renal stones but none were found at autopsy. A mass was found in the left side of the pelvis which distorted the bladder and pushed it anteriorly. Patient was running a high temperature and became suddenly much worse on July 30th. and died. Autopsy showed salpingitis with peritonitis. I believe that it was originally secondary to the appendiceal or perirectal inflammation and therefore a mixed non-specific infection.

The pneumonia was small in amount and terminal hypostatic in type.

Yours very truly

G. O. Brown

G. O. Brown, M.D.

#2 St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

7857 ✓

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dorothy Kailer
Who died at DeLoe Hospital on July - 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single married, widowed or divorced: _____

Date of birth _____ Age: Years 46 Months 3 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year 1396

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Salpingitis and generalized Peritonitis

Other contributory causes of importance Pneumonia involving both bases

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. F. Budick 9-17-34 Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,

Primary Reg. Dist. No. 1003

E. T. McGaugh, M.D.

Special Agent.